LEDGE VIEW NURSING CENTER, INC.

3737 DICKINSON ROAD

DE PERE	54115	Phone: (920) 336-7733		Ownership:	Corporation
Operated from 1/1	To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunct	tion with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set	Up and St	affed (12/31/05):	32	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed	Capacity	(12/31/05):	32	Title 19 (Medicaid) Certified?	Yes
Number of Residents	s on $12/31$	/05:	23	Average Daily Census:	24

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)				
Primary Diagnosis	<del></del> %	Age Groups 	*	   Less Than 1 Year   1 - 4 Years	47.8 52.2
Developmental Disabilities	0.0	Under 65	4.3	More Than 4 Years	0.0
Mental Illness (Org./Psy)	34.8	65 - 74	4.3		
Mental Illness (Other)	8.7	75 - 84	26.1		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	52.2		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.0	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	lents
Fractures	0.0	İ	100.0	(12/31/05)	
Cardiovascular	8.7	65 & Over	95.7		
Cerebrovascular	13.0			RNs	13.0
Diabetes	17.4	Gender	8	LPNs	10.4
Respiratory	17.4			Nursing Assistants,	
Other Medical Conditions	0.0	Male	52.2	Aides, & Orderlies	39.6
		Female	47.8		
	100.0	İ			
*****		İ	100.0		

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		]	Private Pay	2		amily Care			anaged Care	Į		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	5.9	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	4.3
Skilled Care	1	100.0	234	16	94.1	130	0	0.0	0	4	80.0	135	0	0.0	0	0	0.0	0	21	91.3
Intermediate				0	0.0	0	0	0.0	0	1	20.0	115	0	0.0	0	0	0.0	0	1	4.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		17	100.0		0	0.0		5	100.0		0	0.0		0	0.0		23	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths builing Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	12.9	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	21.7		52.2	26.1	23
Other Nursing Homes	0.0	Dressing	21.7		47.8	30.4	23
Acute Care Hospitals	77.4	Transferring	52.2		21.7	26.1	23
Psych. HospMR/DD Facilities	0.0	Toilet Use	30.4		43.5	26.1	23
Rehabilitation Hospitals	0.0	Eating	52.2		39.1	8.7	23
Other Locations	0.0	********	******	*****	******	*******	*****
Total Number of Admissions	31	Continence		8	Special Treatmen	its	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.3	Receiving Resp	iratory Care	4.3
Private Home/No Home Health	28.6	Occ/Freq. Incontiner	nt of Bladder	56.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	34.8	Receiving Suct	ioning	0.0
Other Nursing Homes	2.9				Receiving Osto	omy Care	0.0
Acute Care Hospitals	34.3	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	43.5
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	28.6	With Pressure Sores		0.0	Have Advance D	irectives	65.2
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	35	İ			Receiving Psyc	hoactive Drugs	65.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	*****	*****	******	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.0	85.8	0.87	84.3	0.89	88.8	0.84	88.1	0.85
Current Residents from In-County	87.0	81.3	1.07	76.3	1.14	83.2	1.05	77.6	1.12
Admissions from In-County, Still Residing	32.3	16.8	1.92	27.2	1.19	18.7	1.72	18.1	1.78
Admissions/Average Daily Census	129.2	216.2	0.60	109.2	1.18	177.7	0.73	162.3	0.80
Discharges/Average Daily Census	145.8	217.8	0.67	108.6	1.34	179.2	0.81	165.1	0.88
Discharges To Private Residence/Average Daily Census	41.7	100.9	0.41	40.1	1.04	83.4	0.50	74.8	0.56
Residents Receiving Skilled Care	95.7	97.2	0.98	96.7	0.99	96.3	0.99	92.1	1.04
Residents Aged 65 and Older	95.7	91.5	1.05	97.3	0.98	91.3	1.05	88.4	1.08
Title 19 (Medicaid) Funded Residents	73.9	61.7	1.20	58.1	1.27	61.8	1.20	65.3	1.13
Private Pay Funded Residents	21.7	19.4	1.12	35.3	0.62	22.5	0.97	20.2	1.08
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	43.5	28.9	1.51	37.1	1.17	34.8	1.25	32.9	1.32
General Medical Service Residents	0.0	23.7	0.00	14.1	0.00	23.0	0.00	22.8	0.00
Impaired ADL (Mean)	45.2	47.9	0.94	50.4	0.90	48.4	0.93	49.2	0.92
Psychological Problems	65.2	59.1	1.10	53.0	1.23	59.5	1.10	58.5	1.12
Nursing Care Required (Mean)	6.0	7.1	0.84	7.2	0.83	7.2	0.83	7.4	0.81